



CALIFORNIA YOUTH LEADERSHIP FORUM FOR STUDENTS WITH DISABILITIES

2019 ON-SITE STAFF APPLICATION

ONLY TYPED APPLICATIONS WILL BE ACCEPTED!

Student Information

First Name

Middle Name

Last Name

With What Gender do you identify?

Male

Female

Other:

Birth Date (Month, Day, Year):

Home Address (no PO Boxes), City and Zip Code:

California County of Residence:

Applicants Phone Number:

Applicant's Email Address:

Were you a YLF delegate?

Yes

No

If yes, what year?

If you are selected as staff and you were a YLF delegate, you are expected to present at the Alumni Sharing program sessions. Please select two alumni sharing topics below to participate in.

College Life

Dating and Relationships

Work and Career

Have you ever been a YLF staff member?

Yes

No

If yes, what years?

If you have been a YLF staff member, what position(s) have you held?

Race / Ethnicity

Please specify your race and ethnicity from the checklist. Check all that apply:

Asian

Asian Indian

Cambodian

Chinese

Filipino

Japanese

Korean

Laotian/Hmong

Vietnamese

Other Asian Group

Hispanic and / or Latino

Cuban

Mexican/Mexican American

Puerto Rican

Other Hispanic/Latino Groups

Native Hawaiian or Other Pacific Islander Group

Guamanian/Chamorro

Hawaiian

Samoan

Other Pacific Islander

Other Groups

American Indian/Native American

Other Racial Group:

White

Black/African American

Choose not to identify

Disability Information

Please check all that apply to your disability:

Sensory

Blind

Deaf

Low Vision

Hard of Hearing

Other:

Chemical or Environmental Sensitivity

Communication (verbal, speech, other)

Immune (e.g. Crohn's disease, rheumatoid arthritis, other)

Intellectual/Developmental (e.g. acquired brain injury, down syndrome, Epilepsy, cerebral palsy, autism, Asperger's syndrome, other)

Learning (e.g. dyslexia, dyscalculia, attention deficit disorder, other)

Mental Health or Behavioral Health

Mobility (e.g. spinal cord injury, muscular dystrophy, other)

Other:

Accommodation Needs

Please check any of the following reasonable accommodations which will allow you to fully participate in the YLF program. This information will be used in the planning of the program, but will not be taken into consideration when choosing delegates. I use a/an:

American Sign Language Interpreter

Personal Care Attendant

Real Time Captioning (CART)

Power Wheelchair

Audio Description

Manual Wheelchair

Materials in Alternate Formats

Other Mobility Aid

Other (Please Describe):

Education and Job Experience

Highest grade or degree completed (please check a box):

High School Diploma

Bachelor's Degree

Master's Degree

For your desired YLF staff position(s), please describe how your work experience (paid or volunteer) meets the position's qualifications. List up to three positions, in your preferred order of choice. You may submit a resume as a supplement to the responses below.

Position #1:

List your qualifications for position #1:

Position #2:

List your qualifications for position #2:

Position #3:

List your qualifications for position #3:

Briefly state why you are interested in serving as a YLF volunteer staff member:

References

Please list two references (one personal and one professional). Additionally, please attach one letter of recommendation.

1. Name:

Title or Relationship:

Organization:

Telephone Number:

2. Name:

Title or Relationship:

Organization:

Telephone Number:

Final Preparation/Check List

Please use the checklist below to ensure your application packet is complete. Incomplete applications will not be considered.

Required Items	Completed
1. Completed Application	
2. Read On-Site Staff Position Descriptions	
3. One Letter of Recommendation	

Background Check Policy

Your work as on-site staff is contingent on passing a background check based on fingerprinting. Only selected staff will be required to complete and pass a Federal Bureau of Investigation (FBI) and Department of Justice (DOJ) background check including a review of the state and national sex offender registry. If you have any convictions under [Penal Code 290](#) or are listed in any sex offender registry, you will automatically be disqualified to be selected as staff.

CCEPD management only receives verification of the background check from the third-party vendor and provides this information to the university, as part of their policy.

Any issues with your background check need to be addressed through the third-party vendor.

In order to verify your background check with the vendor, you must provide us with either your Driver's License or California Identification Number. Please review the YLF Background Check Frequently Asked Questions document on the [YLF staff web page](#) if you have any questions.

Self-Disclosure Notes

If selected to be an on-site staff member, I will also be subjected to self-disclosure statements, confidentiality agreements and be required to hold to strict privacy guidelines. I will agree to submit to a background check and may also be required to take confidentiality and sexual harassment trainings.

By submitting this application packet, I consent to any information being released confidentially to interviewers and YLF partners. This information is used to determine eligibility to be selected as staff to attend the YLF. All partners will confidentially maintain any information.

Print Full Legal Name

Signature: _____ Today's Date: _____

Thank you for completing this application.

APPLICATIONS MUST BE RECEIVED BY JANUARY 25, 2019.

Scan and email the application to Zak Ford at Zachariah.Ford@dor.ca.gov.

If you need assistance completing the form or for any other questions, you may email to the address above or call 1-855-894-3436.

Please keep a copy of the application for your records.